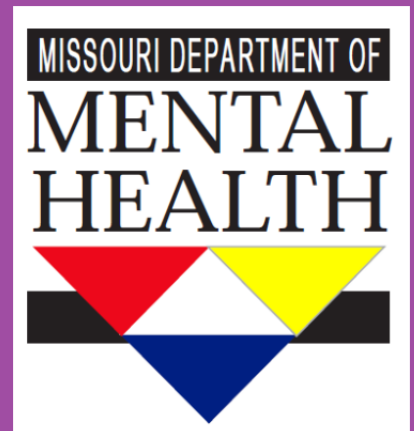


2014

Missouri Substance Abuse Intervention and Treatment Programs



Missouri Department of
Mental Health
January 2014

Missouri Substance Abuse Intervention and Treatment Programs

About the Programs

In Missouri, the Department of Mental Health (DMH) is the state authority responsible for developing and implementing a statewide response addressing substance abuse problems impacting Missouri families and communities. DMH provides intervention, treatment, and recovery support services through contracted community-based and faith-based service providers. DMH works closely with the Department of Social Services for the coordination of services for the state's Medicaid population and with the Department of Corrections for the coordination of services for the supervised offender population.

Authorization for Programs

RSMo 631.010 and 191.831 for substance abuse treatment programs and RSMO 577.049, 577.520 and 631.010 for the substance abuse traffic offenders program.

Funding

Substance abuse treatment programs are funded by about \$33.9 million in state general revenue which generates an additional \$52.2 million in matched federal funding including Medicaid and Substance Abuse Prevention and Treatment Block Grant.

Prevalence of Substance Abuse in Missouri

- **General Population:** Approximately 363,000 Missourians struggle with a substance abuse disorder. Of these, 33,000 are between the ages of 12 and 17 (SAMHSA, 2012a).
- **Community-Supervised Offender Population:** In Missouri, approximately 15,500 parolees and 35,000 probationers need substance abuse treatment (Missouri Department of Corrections, 2013).
- **Veterans Population:** Of the approximately 543,000 Missouri Veterans, an estimated 7.5 percent or 40,700 have a substance abuse problem (Missouri Department of Public Safety, 2012; SAMHSA, 2012b).
- **Pregnant Women:** Of the approximately 85,700 pregnancies in the state, about 6,900 are women who are struggling with an alcohol or drug problem (SAMHSA, 2012b).

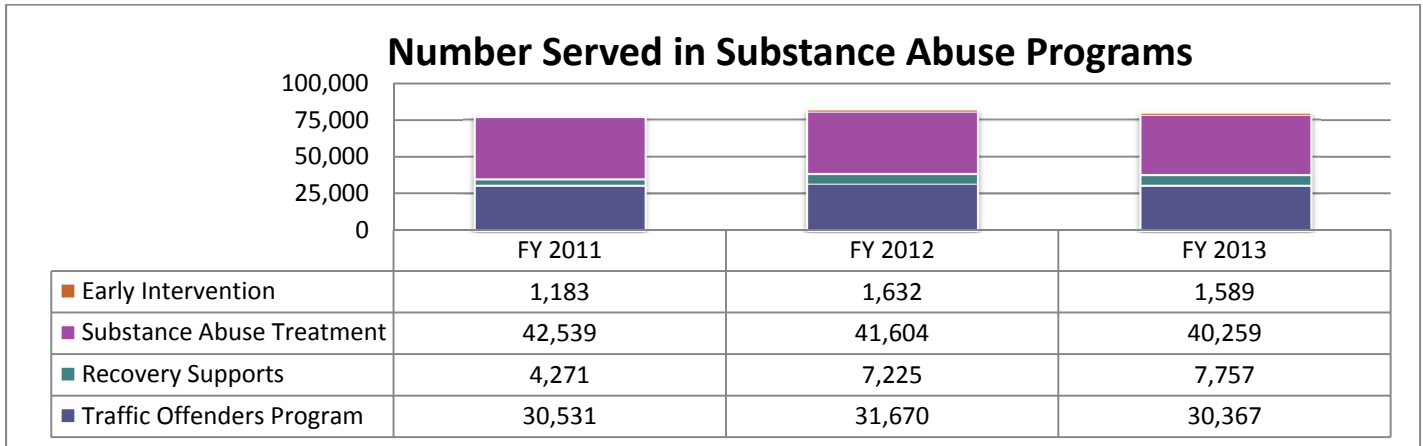
Number Served

Special Populations

Served in DMH Substance Abuse Treatment Programs in FY 2013:

- 707 Pregnant women
- 2,713 Adolescents
- 2,800 Veterans
- 22,901 Community-supervised offenders on probation or parole
- 1,980 Homeless Missourians
- 12,147 Parents with dependent children
- 2,447 Drug Court participants
- 15,174 Individuals with a co-occurring mental illness (6,695 with a serious mental illness)
- 18,443 Medicaid enrollees, including 8,432 partially or totally disabled

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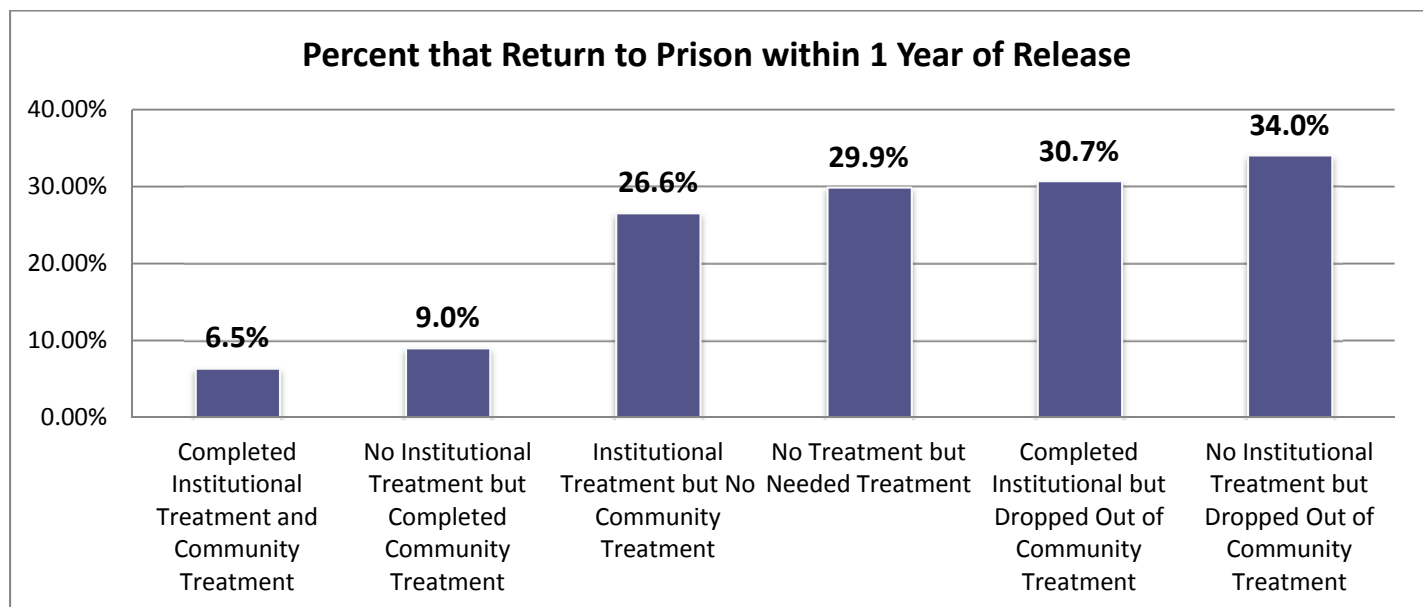


*Recovery Supports are funded through the federal Access to Recovery (ATR) III grant. FY 2011 was a transition year between ATR II and ATR III grants. In FY 2011, funding reductions occurred with the federal ATR program and state general revenue. The Substance Abuse Traffic Offenders' Program is largely funded through offender fees. Substance Abuse Treatment is funded through a combination of state and federal funding.

Evidence of Effectiveness

Institutional plus Community-Based Treatment Produces less Re-Incarceration

Research has shown that substance abuse treatment during and after incarceration reduces re-incarceration rates (National Institute on Drug Abuse, 2012). Missouri's data shows that offenders who complete both institutional and community-based substance abuse treatment have the lowest re-incarceration rate compared to those who did not complete institutional treatment or community-based treatment or did not receive any treatment but needed treatment.



Data source: Matched records from DOC and DMH information systems for offenders released from prison in FY 2012.

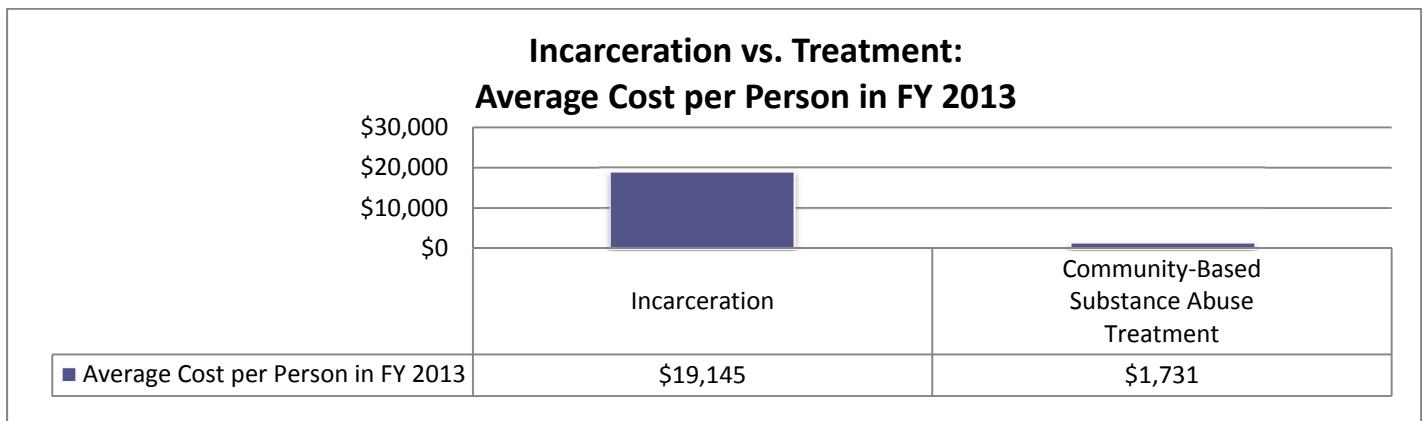
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Medication Assisted Treatment Prior to Release from Prison

DMH is working with the Department of Corrections to implement a pilot project involving medication assisted treatment at Ozark Correctional Center in Fordland. Approximately 50 individuals who are returning to the St. Louis area and volunteer to participate will receive one injection of Vivitrol 3 to 4 days prior to their release. Vivitrol blocks opiate receptors in the brain thereby eliminating the euphoric effects and preventing cravings for alcohol and opiate drugs such as heroin. It is administered in the form of a shot once per month. These individuals will receive follow-up medication and substance abuse counseling through DMH contracted community agencies in St. Louis. It is anticipated that these individuals will be less likely to relapse to alcohol or opiate use upon their release from prison, thereby reducing the likelihood of re-arrest and re-incarceration. The University of Missouri-St. Louis, Missouri Institute of Mental Health will be conducting the project evaluation.

Community-Based Treatment is Cheaper than Incarceration

The potential cost savings from community-based substance abuse treatment in lieu of incarceration has been recognized in several large-scale studies including the California Treatment Outcome Project and the National Treatment Improvement Evaluation Study (Ettner, S.L. & et al., 2006; SAMHSA, 1997). In Missouri, the average prison stay for an offender with a drug-related offense is 337 days at an average cost of \$56.81 per day - yielding an average cost per stay of \$19,145. The average length of engagement in community-based treatment is 85 days with an average cost of \$1,731. Intervention fees collected from offenders help pay a portion of the cost for community corrections and intervention services for offenders under community supervision.



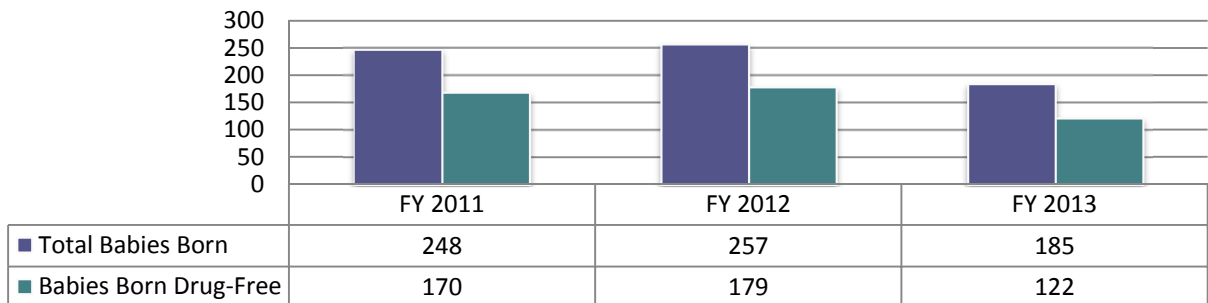
Data source: DOC and DMH information systems.

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Treatment for Pregnant Women Increases Likelihood of Healthy Babies

According to the National Household Survey on Drug Use and Health, approximately 5.5 percent of pregnant women have an alcohol addiction problem, and 1.2 percent of pregnant women have an illicit drug problem (SAMHSA, 2012c). Research has shown that pregnant women who need and receive substance abuse treatment are more likely to receive prenatal care; are more likely to reduce or abstain from alcohol, drugs, and tobacco use; and have better perinatal outcomes (Brady, T.M. & Ashley, O.S., 2005). Better outcomes are obtained for women who enter treatment early in their pregnancy. Lifetime cost of a child born with Fetal Alcohol Syndrome is estimated at \$2 million (SAMHSA, 2012d).

Drug-Free Births in CSTAR Programs



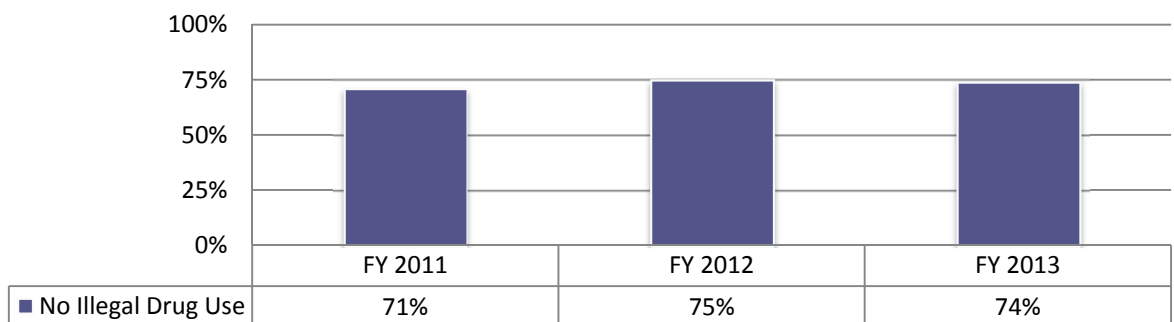
*Fewer pregnant women were treated in substance abuse treatment programs in FY 2013 compared to FY 2012.

Data source: Treatment Episode Dataset, DMH information system.

Drug Testing in the Opioid Programs

There is considerable research that shows that Opioid Treatment can reduce: illicit drug use, including injection drug use; risk of overdose; risky sexual behavior; transmission of infectious diseases (i.e. HIV, hepatitis B or C, bacterial infections); and criminal activity in addition to improving pregnancy outcomes (CDC, 2002). Most individuals in Missouri's Opioid Treatment programs do not test positive for illicit drugs when subjected to random drug tests.

Percent of Negative Drug Tests for the CSTAR Opioid Program

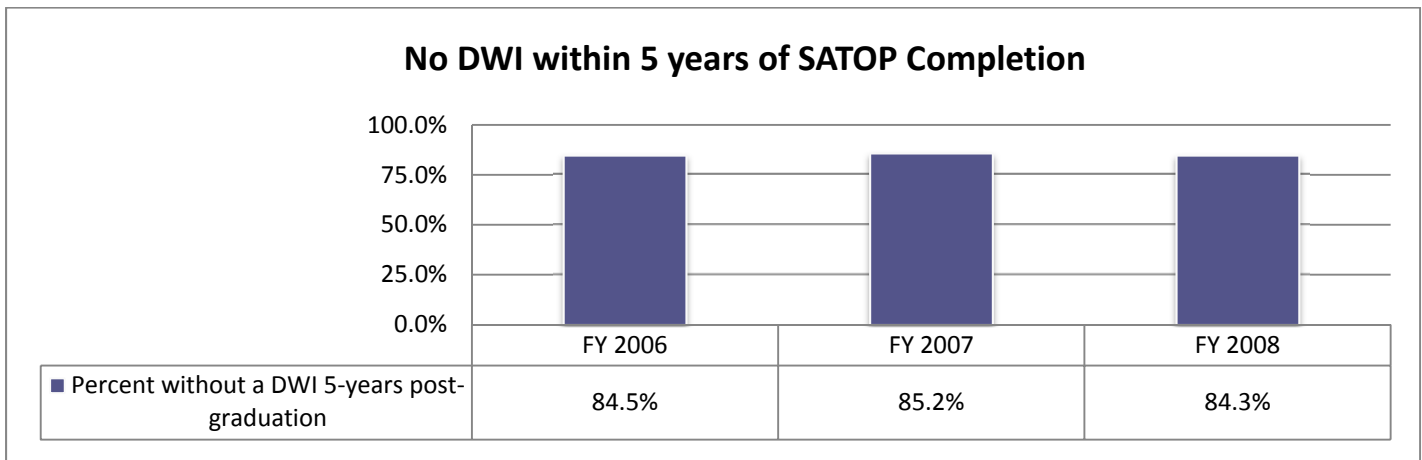


Data source: Results of random drug tests collected from contracted agencies.

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DWI Recidivism

In Missouri, completion of the Substance Abuse Traffic Offender Program (SATOP) is a required element of driver license reinstatement. Research has shown that combining alcohol treatment with either driver license restriction or suspension is associated with lower DWI recidivism rates compared to other interventions such as jail (DeYoung, D. J., 1997). Most individuals who complete SATOP do not receive an additional DWI five years post-graduation. Of those that graduated during FY 2008, 84.3 percent have not re-offended by FY 2013.

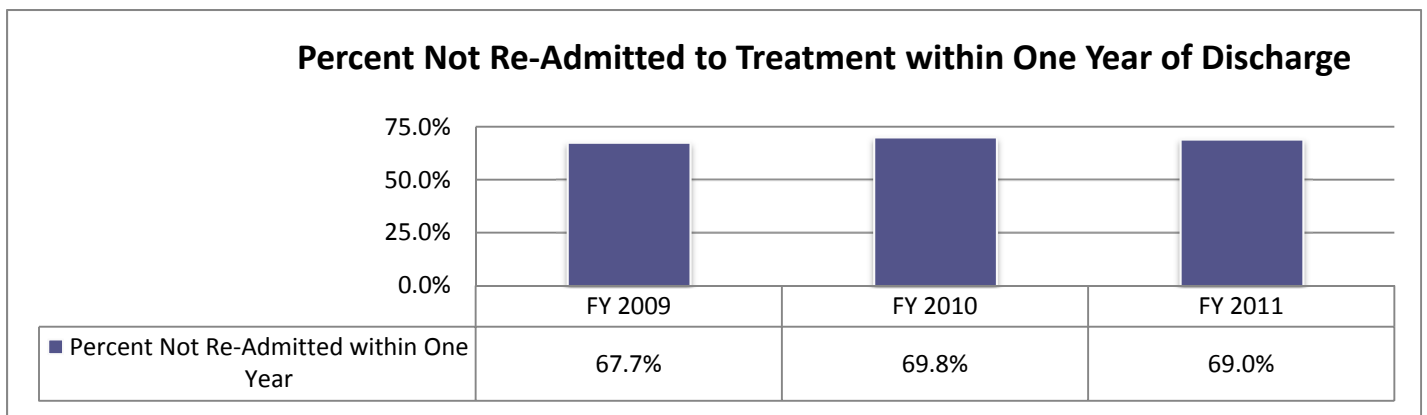


Data source: SATOP data, DMH information system.

Recently, the SATOP program has added an intensive treatment component for chronic, repeat offenders participating in Drug/DWI Court. A Michigan study found that DWI Court with treatment significantly reduced re-arrest when compared to DWI offenders on traditional probation. One year re-arrest rates were 4.3 percent for DWI Court participants vs. 15.2 percent for offenders on traditional probation (NPC Research, 2008). In Missouri's Serious and Repeat Offender Program, 2 or 4.26 percent of the 47 FY 2011 graduates re-offended within a one year period. This is comparable to the results obtained in the Michigan Study.

Treatment Recidivism

While relapse is a common characteristic of the addiction process, most DMH consumers do not cycle in and out of substance abuse treatment.



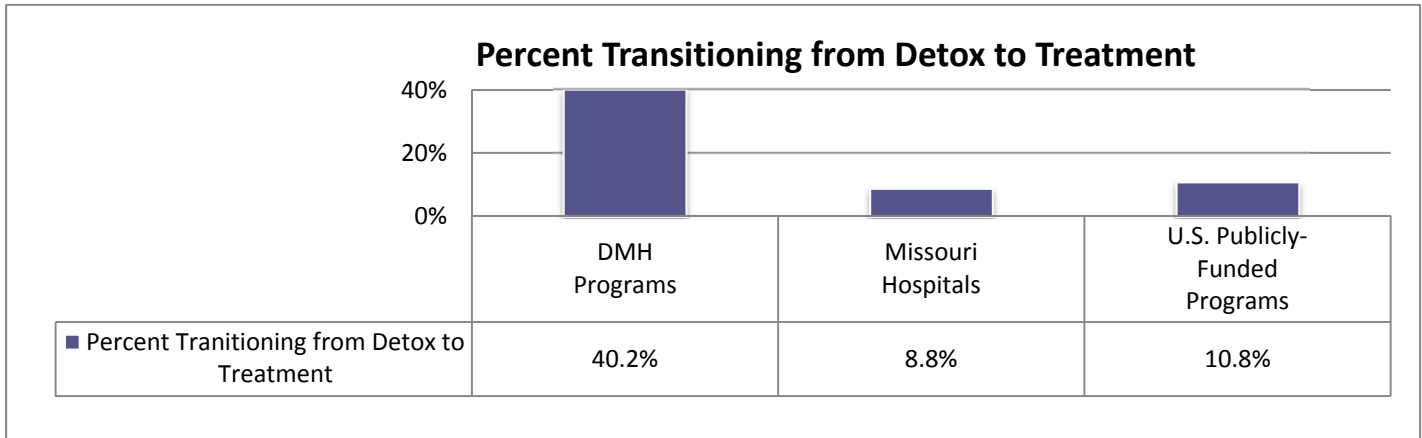
Data source: FY 2009-FY 2011 Treatment Discharges, DMH information system.

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Transition from Detox to Treatment Increases Likelihood of Success

From SAMHSA's Detoxification and Substance Abuse Training Manual:

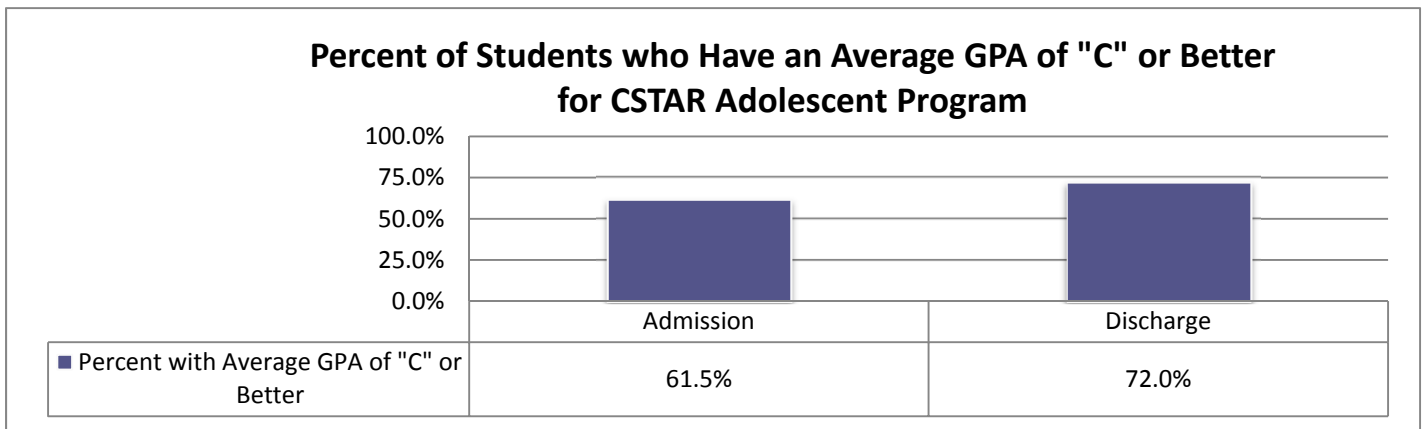
- *Detox patients are in a crisis.*
- *Research shows that detox is often followed by a reduction in drug use and a desire to seek treatment.*
- *Linkage from detox to treatment leads to an increase in recovery and a decrease in repeated detox and treatment services.*
- *Success at recovery depends on continuation of treatment after detox (SAMHSA, 2009).*



Data sources: DMH program data based on FY 2013 detox program closures; Missouri hospital data based on Medicaid patients served in FY 2013 who are admitted to substance abuse treatment within 5 days of hospital discharge as determined from Medicaid claims.; U.S. publicly-funded program data from 2009 Treatment Episode Dataset (SAMHSA, 2012e)

Adolescent School Achievement

Intervention and treatment is important for substance-using adolescents. Research suggests that substance use may impair cognitive development – particularly for heavy substance use. In addition, the association between substance use and antisocial peer groups may reduce school engagement (King, K.M., Meehen, B.T., Trim, R.S., & Chassin, L., 2006.) Missouri's CSTAR Adolescent Program addresses academic education in the treatment process.

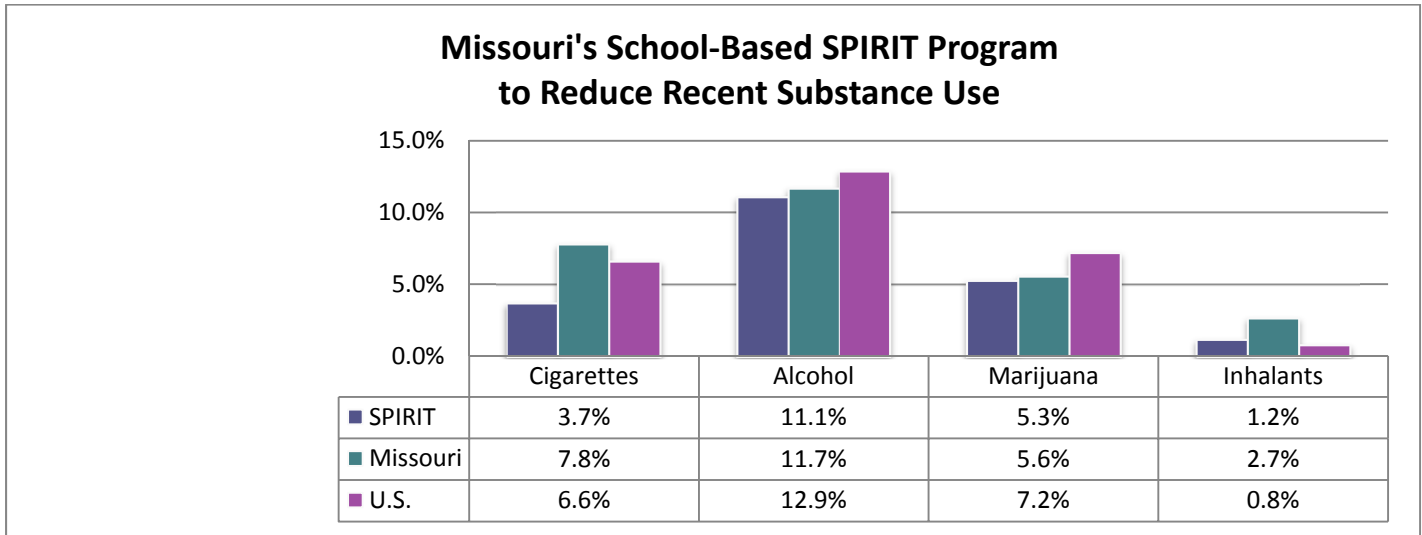


Data source: Treatment Episode Dataset, DMH information system

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School-Based Intervention

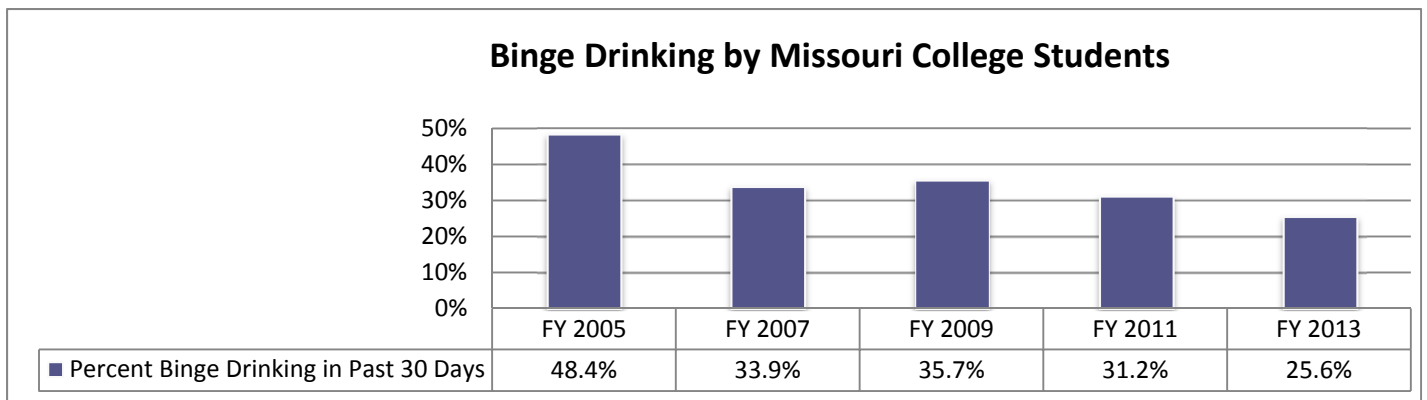
Missouri's School-Based Prevention Program (SPIRIT Program) operates in five school districts that serve at-risk student populations based on standardized test scores, graduation rates, substance use prevalence, and juvenile justice referrals. SPIRIT's program goals are to: 1) delay onset and decrease use of alcohol, tobacco and other drugs; 2) improve overall school performance, and 3) reduce incidents of violence, including bullying. Students who participate in the evidence-based SPIRIT program have lower rates of substance use compared that for students statewide.



Data source: SPIRIT Evaluation (2013), Missouri Institute for Mental Health; Missouri Student Survey (2012); National Survey on Drug Use and Health (2012)

Reducing Binge Drinking at Missouri Colleges

Binge drinking has been associated with unintentional and intentional injuries, alcohol poisoning, sexually transmitted diseases, unintended pregnancy, and children born with Fetal Alcohol Spectrum Disorders (CDC, 2012). Funded in part by DMH, Partners in Prevention is a statewide coalition of 21 public and private universities whose mission is to create an environment that supports good decision making in regards to alcohol by the college students who attend the higher education institutions in Missouri. In recent years, the prevalence of binge drinking among Missouri college students has declined.



Data source: Missouri College Health Behavior Survey, Partners in Prevention (PIP) Program

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References

- Brady, T.M. & Ashley, O.S. (2005). Women in substance abuse treatment: Results from the Alcohol and Drug Services Study (ADSS) (DHHS Publication No. SMA 04-3968, Analytic Series A-26). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- Centers for Disease Control and Prevention (2002). Methadone Maintenance Treatment. Retrieved at: <http://www.cdc.gov/idu/facts/MethadoneFin.pdf>.
- Centers for Disease Control and Prevention (2012). Fact Sheet: Binge Drinking. Retrieved at: <http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>.
- Deyoung, D.J. (1997). "An Evaluation of the Effectiveness of Alcohol Treatment, Driver License Actions and Jail Terms in Reducing Drunk Driving Recidivism in California." *Addiction* 92(8), 989-997.
- Ettner, S.L. & et al (2006). "Benefit-Cost in the California Treatment Outcome Project: Does Substance Abuse Treatment 'Pay for Itself'?" *Health Services Research* 41(1):192-213.
- King, K.M., Meehen, B.T., Trim, R.S., & Chassin, L. (2006). "Substance Use and Academic Outcomes: Synthesizing Findings and Future Directions." *Addiction* 101(12):1688-1689.
- Missouri Department of Corrections (2013). A Profile of the Institutional and Supervised Offender Population on June 30, 2012. Retrieved at: <http://doc.mo.gov/Documents/publications/Offender%20Profile%20FY12.pdf>.
- Missouri Department of Public Safety (2013). Veterans Service Program [website]. Retrieved at: <http://www.mvc.dps.mo.gov/service/>.
- National Institute on Drug Abuse (2012). Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide. Retrieved at: http://www.drugabuse.gov/sites/default/files/podat_cj_2012.pdf.
- NPC Research (2008). Michigan DUI Courts Outcome Evaluation: Final Report. Retrieved at: http://www.npcresearch.com/Files/MI_DUI_Outcome_Evaluation_FINAL_REPORT_Release_March_2008.pdf.
- Substance Abuse and Mental Health Services Administration (1997) *National Treatment Improvement Evaluation Study 1997 Highlights*.
- Substance Abuse and Mental Health Services Administration (2001) Youth Violence Linked to Substance Use. The NHSDA Report. Retrieved at: <http://www.samhsa.gov/data/2k1/YouthViol/YouthViol.htm>.
- Substance Abuse and Mental Health Services Administration (2009). Detoxification and Substance Abuse Treatment Training Manual: Based on A Treatment Improvement Protocol TIP 45. Retrieved at: http://www.kap.samhsa.gov/products/trainingcurriculums/pdfs/tip45_curriculum.pdf.
- Substance Abuse and Mental Health Services Administration (2012a). 2010-2011 NSDUH State Estimates of Substance Use and Mental Disorders. Retrieved at: <http://www.samhsa.gov/data/NSDUH/2k11State/NSDUHsae2011/Index.aspx>.

Missouri Substance Abuse Intervention and Treatment Programs

- Substance Abuse and Mental Health Services Administration (2012b). National Survey on Drug Use and Health: 8-Year Restricted-use Data Analysis System (2002 to 2009) [dataset]. Retrieved at: <http://www.icpsr.umich.edu/icpsrweb/content/SAMHDA/rdas.html>.
- Substance Abuse and Mental Health Services Administration (2012c). National Survey on Drug Use and Health, 2011 [dataset]. ICPSR34481-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2012-11-28. doi: 10.3886/ICPSR34481.v1.
- Substance Abuse and Mental Health Services Administration (2012d). The Financial Impact of Fetal Alcohol Syndrome [website]. Accessed on January 12, 2013 at: <http://fasdcenter.samhsa.gov/publications/cost.aspx>.
- Substance Abuse and Mental Health Services Administration (2012e). Treatment Episode Data Set, Discharges, 2009 [dataset]. ICPSR33621-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2012-10-25. Doi:10.3886/ICPSR33621.v1.